



Application # _____

Harnett County Central Permitting

420 McKinney Pkwy Lillington, NC 27546

PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Must be owner/occupier or
licensed contractor. Address,
company name & phone must
match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Gerald and Nina Crist _____ Date _____

7/19/2021

Site Address: 275 Lakeland Port Sanford NC 27332 _____ Phone 910

587-9377 _____

Subdivision: Carolina Lakes _____ Lot 130BLK 0 PH5 _____

Description of Proposed Work: Finish Attic and add a bathroom _____ Total Job Cost 25000 _____

General Contractor Information

Barrys Home Repair _____ Telephone 910 850-6006

Building Contractor's Company Name _____ Telephone _____

1106 Coachman Way Sanford NC 27332 _____ JuiceEm@aol.com _____

Address _____ Email Address _____

N/A _____ **HEATED SQ FT** 317 _____ **GARAGE SQ FT** N/A _____

License # _____

Electrical Contractor Information

Description of Work Wire new space _____ Service Size: 200 Amps T-Pole: Yes No

Crown Security Services Inc _____ Telephone 910 323-5150

Electrical Contractor's Company Name _____ Telephone _____

128 S Broad St Fayetteville NC 28301 _____ N/A _____

Address _____ Email Address _____

25702 _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work Mini Split Unit _____

Home owners Gerld and nina crist _____ Telephone 910 578-9377

Mechanical Contractor's Company Name _____ Telephone _____

275 Lakeland Port Sanford NC 27332 _____ N/A _____

Address _____ Email Address _____

N/A _____

License # _____

Plumbing Contractor Information

Description of Work Add Plumbing for bath addition _____ # Baths 3

HR Curtis _____ Telephone 910 770-0168

Plumbing Contractor's Company Name _____ Telephone _____

6314 Carbonton Rd Sanford NC 27330 _____ N/A _____

Address _____ Email Address _____

License # 10924P1

Insulation Contractor Information

Home Owners Gerald and Nina Crist _____ Telephone 910 578-9377



Insulation Contractor's Company Name & Address

Telephone

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Benny Childs
Signature of Owner/Contractor/Officer(s) of Corporation

7/19/21
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: Benny Childs Agent Date: 7/19/21